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Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,435.00

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Complete if Known					
Application Number	09/772116-Conf. #9135				
Filing Date	January 26, 2001				
First Named Inventor	Howard BENJAMIN				
Examiner Name	P. Ponnaluri				
Art Unit	1639				
Attorney Docket No.	PPI-012CNRCE				

METHOD OF PAYMENT (check all that	FEE CALCULATION (continued)					
Check Credit Card Mor	ney Order	2. EXTRA CL	AIM FEES			
x Deposit Account Non	ne T	Fee Descrip	ition		Fee (\$)	Small Entity Fee (\$)
Deposit Account Number		Each claim over	20		18	9
Deposit Account Lahive & Cockfield, LLP	<b>-</b>	Each independer	nt claim over 3		88	44
Name		Multiple depend	ent claims		300	150
The Director is authorized to: (check all that apply)  X Charge fee(s) indicated below	For Reissues, each claim over 20 and more than in the original patent			18	9	
Charge fee(s) indicated below, except for the filtr  X Charge any additional fee(s) or any underpayment under 37 CFR 1.16 and 1.17	For Reissues, each independent claim more than in the original patent 88		88	44		
X Credit any overpayments  To the above-identified deposit account.		Total Claims		a Claims	Fee (\$)	Fee Paid (\$)
			est number of to	tal claims pa	id for, if greater	than 20
Other (please identify):		Indep. Claims	Extr	a Claims	Fee (\$)	Fee Paid (\$)
FEE CALCULATION		3	-4=	, , , , , , , , , , , , , , , , , , ,	×=	
1. BASIC FILING FEE		HP= highest numb	•	t claims paid		
Small Entity		Multiple Depe	ndent Claims		Fee (\$)	Fee Paid (\$)
Fee Description Fee (\$) Fee (\$)	Fee Paid (\$)			Sub	total (2) \$	0.00
Utility Filing Fee 790 395		3. OTHER FEE		_	Small Entity Fee (\$)	Fan Daid
		Fee Desci 1-month extension		Fee (\$) 110	55	Fee Paid
Design Filing Fee 350 175		2-month extension		430	215	
		3-month extension		980	490	
		4-month extension	of time	1,530	765	
Plant Filing Fee 550 275		5-month extension	of time	2,080	1,040	1,040.00
		Information disclos	sure stmt. Fee	180	180	·
		37 CFR 1.17(q) pro	ocessing fee	50	50	
Reissue Filing Fee 790 395		Non-English specif	ication	130	130	
		Notice of Appeal		340	170	
		Filing a brief in sup	port of appeal	340	170	
Provisional Filing Fee 160 80		Request for oral he	aring	300	150	
		Other: RCE fee (	under 37 CFR	1.17(d)		395.00
Subtotal (1) \$	0.00			Sub	ototal (3)	1,435.00
SUBMITTED BY						
Signature XXX	Oras	Registration No. (Alterney/Agent)	56,266	Telephone	(617)	227-7400
Name (Print/Type) Maria Laccotripe Zacharakis, Ph.	.D., J.D.			Date	Decem	ber 3, 2004

US, in an envelope addressed to: M	RCE, Commissioner for atents, P.O. Box 14	
shown below.	Mari	

Dated: December 3, 2004

(Mahia Ascotinge Zacharakis, Ph.D., J.D.)